

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18cv697
DEFENDANT PHILIP CARL PETRUS, ET.AL.	TYPE OF PROCESS Complaint + Summons

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
PHILIP CARL PETRUS  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
42 S CENTER ST, FRACKVILLE, PA 17931

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE RD. BREINGISVILLE, PA 18031	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 10
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

" INDIVIDUAL CAPACITY" 42 S Center St, Frackville, PA 17931. 570-874-3860. <http://www.frackvillepa.org/>  
OPEN 8:30AM TO 4:30 pm

Signature of Attorney other Originator requesting service on behalf of: [Signature]	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE 3/29/18
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER
DEFENDANT PHILIP CARL PETRUS, ET.AL.	TYPE OF PROCESS Complaint + Summons <b>STK 3/29/18</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
PHILIP CARL PETRUS  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
42 S CENTER ST. FRACKVILLE, PA 17931

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE RD. BREINGISVILLE, PA 18031	Number of parties to be served in this case	10
	Check for service on U.S.A.	

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OPEN 8:30AM TO 4:30 pm

Signature of Attorney other Originator requesting service on behalf of: <b>STK</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE 2018 3/29/08 <b>STK</b>
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		No. _____	No. _____		

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Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

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**PROCESS RECEIPT AND RETURN**

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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER
DEFENDANT PHILIP CARL PETRUS, ET.AL.	TYPE OF PROCESS <i>5 NC. 3/29/18</i> Complaint + <i>SUMMONS</i>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
GEORGE FRANCIS HALCOVAGE  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE RD. BREINGISVILLE, PA 18031	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 10
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

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Fold

"INDIVIDUAL CAPACITY" 1282 OAK TERRACE, POTTSVILLE, PA 17901  
Phone: (570)622-4536 (H) (570)640-2013 (M) (570)628-1202 (O)  
Email: georgejr@ptd.net; ghalcovage@co.schuylkill.pa.us

Signature of Attorney other Originator requesting service on behalf of: <i>SC TK KM</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE <i>3/29/2018</i> <i>3/29/08</i> <i>STC</i>
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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**PROCESS RECEIPT AND RETURN**

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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER
DEFENDANT PHILIP CARL PETRUS, ET.AL.	TYPE OF PROCESS <b>S TC - 3/29/18</b> Complaint + SUMMONS

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
GEORGE FRANCIS HALCOVAGE  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

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"OFFICIAL CAPACITY" 8:30 AM TO 4:30 PM  
401 NORTH SECOND STREET, POTTSVILLE, PA 17901  
570-622-5570 <https://www.co.schuylkill.pa.us/Government/officials.asp>

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE <b>3/29/2018</b>
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Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER
DEFENDANT PHILIP CARL PETRUS, ET.AL.	TYPE OF PROCESS <i>ANC 3/29/2018</i> Complaint + <i>SUMMONS</i>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
JOHN DOE 1  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE RD. BREINGISVILLE, PA 18031	Number of process to be served with this Form 285	1
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Fold

Fold

JOHN DOE 1 "INDIVIDIAL CAPACITY"  
SERVICE OF PROCESS TO SOLICITOR, Schuylkill County Solicitor Schuylkill County Courthouse  
401 North Second Street Pottsville, PA 17901 Telephone: (570) 628-1129 FAX: (570) 628-1106  
ATTENTION: Alvin B. Marshall, Solicitor

Signature of Attorney other Originator requesting service on behalf of: <i>SH R K</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE <i>3/29/2018</i>
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Signature of U.S. Marshal or Deputy	

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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER
DEFENDANT PHILIP CARL PETRUS, ET.AL.	TYPE OF PROCESS <i>97C 3/29/2018</i> Complaint + <i>SUMMONS</i>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
JOHN DOE 1  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

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Fold  
JOHN DOE 1 "OFFICIAL CAPACITY"  
SERVICE OF PROCESS TO SOLICITOR, Schuylkill County Solicitor Schuylkill County Courthouse  
401 North Second Street Pottsville, PA 17901 Telephone: (570) 628-1129 FAX: (570) 628-1106  
ATTENTION: Alvin B. Marshall, Solicitor

Signature of Attorney other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE <i>3/29/2018</i> 3/29/08
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Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  \$0.00
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**PROCESS RECEIPT AND RETURN**

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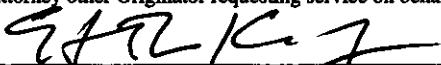
PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER
DEFENDANT PHILIP CARL PETRUS, ET.AL.	TYPE OF PROCESS <b>STK 3/29/2018</b> Complaint + <b>Summons</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
JOHN DOE 2  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE RD. BREINGISVILLE, PA 18031	Number of process to be served with this Form 285	1
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Fold  
JOHN DOE 2 "INDIVIDIAL CAPACITY"  
SERVICE OF PROCESS TO SOLICITOR, Schuylkill County Solicitor Schuylkill County Courthouse  
401 North Second Street Pottsville, PA 17901 Telephone: (570) 628-1129 FAX: (570) 628-1106  
ATTENTION: Alvin B. Marshall, Solicitor

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE <b>STK 3/29/2018</b> <del>3/29/08</del>
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JOHN DOE 2  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
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JOHN DOE 2 "OFFICIAL CAPACITY"  
SERVICE OF PROCESS TO SOLICITOR, Schuylkill County Solicitor Schuylkill County Courthouse  
401 North Second Street Pottsville, PA 17901 Telephone: (570) 628-1129 FAX: (570) 628-1106  
ATTENTION: Alvin B. Marshall, Solicitor

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	Signature of U.S. Marshal or Deputy _____

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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER
DEFENDANT PHILIP CARL PETRUS, ET.AL.	TYPE OF PROCESS <i>SK 3/23/2018</i> Complaint + <i>SUMMONS</i>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
COUNTY OF SCHUYLKILL  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

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ATTENTION: Alvin B. Marshall, Solicitor

Signature of Attorney other Originator requesting service on behalf of: <i>Ed R Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE <i>3/23/2018</i> <del>3/29/08</del>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER
DEFENDANT PHILIP CARL PETRUS, ET.AL.	TYPE OF PROCESS <i>3/29/2018 91K</i> Complaint + Summons

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
BOROUGH OF FRACKVILLE  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
42 S CENTER ST. FRACKVILLE, PA 17931

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE RD. BREINGISVILLE, PA 18031	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	10
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

SERVICE OF PROCESS TO OFFICE OF MAYOR, 42 S Center St, Frackville, PA 17931. OPEN 8:30AM TO 4:30 pm.  
Mayor: Kim y. Phillilps, telephone: (570) 874-3860 <http://www.frackvillepa.org/officials.html>

Signature of Attorney or Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE <i>3/29/2018</i> 3/29/08
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Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address ( <i>complete only different than shown above</i> )	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>
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